

MHPC APPLICATION – INSTRUCTIONS and DEFINITIONS

As you complete the MHPC membership application, we ask that you look closely at the attached definitions of serious mental illness and serious emotional disturbance. These may be different from common understanding and may impact how individuals are defined for membership purposes.

Serious Mental Illness means a severe and persistent mental or emotional disorder that seriously impairs the functioning of adults, 18 years or age or older, in such primary aspects of daily living as personal relations, self-care skills, living arrangements, or employment. Individuals with serious mental illness who also have been diagnosed as having a substance use disorder or mental retardation are included in this definition.

Serious mental illness is defined along three dimensions: diagnosis, level of disability, and duration of illness. All three dimensions must be met to meet the criteria for serious mental illness.

- **Diagnosis:** an individual must have a major mental disorder diagnosed under the Diagnostic and Statistical Manual of Mental Disorders (DSM IV, Fourth Edition). These disorders are: schizophrenia, major affective disorders, paranoia, organic or other psychotic disorders, personality disorders, or other disorders that may lead to chronic disability.
- **Level of Disability:** There must be evidence of severe and recurrent disability resulting from mental illness that must result in functional limitations in major life activities. Individuals should meet at least two of the following criteria on a continuing or intermittent basis.
 - a. Is unemployed or employed in a sheltered setting or a supportive work situation, has markedly limited or reduced employment skills, or has a poor employment history.
 - b. Requires public financial assistance to remain in the community and may be unable to procure such assistance without help.
 - c. Has difficulty establishing or maintaining a personal social support system.
 - d. Requires assistance in basic living skills such as personal hygiene, food preparation, or money management.
 - e. Exhibits inappropriate behavior that often results in intervention by the mental health or judicial system.
- **Duration of Illness:** The individual is expected to require services of an extended duration, or his treatment history meets at least one of the following criteria.
 - a. The individual has undergone psychiatric treatment more intensive than outpatient care, such as crisis response services, alternative home care, partial hospitalization, or inpatient hospitalization, more than once in his or her lifetime.
 - b. The individual has experienced an episode of continuous, supportive residential care, other than hospitalization, for a period long enough to have significantly disrupted the normal living situation.

Serious Emotional Disturbance means a serious mental health problem that affects a child, age birth through 17, and can be diagnosed under the current edition of the Diagnostic and Statistical Manual of Mental Disorders or meets specific functional criteria.

- Problems in personality development and social functioning that have been exhibited over at least one year's time,
- Problems that are significantly disabling based on social functioning of most children of the child's age,
- Problems that have become more disabling over time, and
- Service needs that require significant intervention by more than one agency.

MHPC MEMBERSHIP APPLICATION

Name: _____

Date: _____

Address: _____

Home Phone: _____ email: _____

Work Phone: _____ w email: _____

How did you hear about the MHPC? Check all that apply.

- ☐ DMHMRSAS web site ☐ VOCAL website ☐ MHAV website ☐ NAMI-VA
☐ From a current MHPC member _____
☐ other _____

Do you identify yourself as (check all that apply):

- ☐ Person with serious mental illness
☐ Family member of adult with serious mental illness (SMI)
☐ Parent of a child or youth with serious emotional disturbance (SED)
☐ Advocate
☐ Mental Health Professional
☐ Other interested person

Which of the above is your primary identification? (needed for federal reporting)

Are you a state employee? ☐ Yes ☐ No

If Yes, what agency? _____

If you indicated that you are a mental health professional, please describe the nature of your professional work and the population you serve, public or private

Are you a member of any mental health related advocacy or support groups?

☐ Yes ☐ No

If Yes, what organizations/support groups? _____

What role have you filled in these organizations/what are your accomplishments?

Why are you interested in being a member of the Mental Health Planning Council (MHPC)?

What other experience, skills and abilities do you bring to the MHPC?

- ☐ Budgeting/fiscal skills
- ☐ Media experience
- ☐ Legislative and public policy experience
- ☐ Other special knowledge/skills

Is there other information you can provide that would help us in evaluating your application for membership?

We seek to have diversity in the MHPC membership. To achieve diversity, we need to know with which of the following racial / ethnic groups you identify

- ☐ white/Caucasian ☐ Native Hawaiian/Pacific Islander ☐ Asian
- ☐ Native American/Alaskan Native ☐ Black/African American ☐ Hispanic or Latino
- ☐ Other, describe _____

Please return the completed form to R. Currin, Chair, MHPC Membership Committee, VOPA, 1910 Byrd Ave., Ste 5, Richmond, VA 23230.